



# Supporting staff following a traumatic incident

Section One of this leaflet covers background information to help Managers and Administrators understand the possible effects of a critical incident in their department. Section 2 provides Guidelines on how to respond.

## Section One: Introduction

Health and Safety legislation applies to both the physical and psychological health of employees, and employers need to have considered how they will respond to traumatic events in the workplace. The University has a “duty of care” to protect psychological as well as physical health and to act in a reasonable manner in the light of what is known about psychological reactions to trauma. In so doing, it seeks not only to prevent staff and students being unduly traumatised by disasters but also to provide appropriate organisational aftercare should one occur.

There is no specific definition of what might be a critical incident, and attention is often focused on the more extreme vents which can occur, such as a fire or terrorist threat. However, on a smaller scale, exposure to events such as a sudden staff death or an accident in a particular department, can affect people deeply.

The University has a disaster recovery plan for responding to and dealing with major disasters. This leaflet is concerned with how to respond to the psychological and emotional trauma of the team affected and for which the manager is responsible. Staff exposed to trauma will look to their manager, and the

organisation, to support them and contain the situation. Only once issues of safety have been addressed can psychological crisis support be implemented.

## **Normal Reactions to Trauma**

It is normal to be upset following trauma, and typically follows this pattern of response:

### *First two or three days*

Common reactions may include confusion, disorientation, lack of speech, helplessness, disbelief. People may be upset, tearful, shaking, shivering, unsteady, or may want to get away. Some may be very angry.

### *First month*

People may experience flashbacks to the traumatic event, have sleep and appetite disturbance, loss of enjoyment in life, and feel very tired. Following the initial reaction, there is a process of making sense of what has happened, re-appraising events by recounting them, to form a coherent narrative of what has happened. This all helps someone to assimilate the experience they have gone through, and to adjust to a resumption of their everyday life.

### *After the first month*

The majority of people have returned to normal. About 30% will have symptoms for longer, which may need some professional help but will gradually improve. For most people, these experiences will diminish during the few weeks following an incident, but for some there may be

a persistent impairment in the capacity to cope with everyday life.

Maintenance of high levels of arousal beyond a month may indicate clinical concerns which necessitate professional help. About 1-2% may develop Post-Traumatic Stress Disorder (PTSD).

Whatever the level of the incident, managers may have to make allowances at work for disruption to concentration and short term memory loss.

### *Post-Traumatic Stress Disorder (PTSD)*

Symptoms of PTSD may include:

- **Re-experience phenomena** – recurrent or intrusive distressing recollections of the event' re-living the experience.
- **Avoidance or numbing phenomena** – efforts to avoid activities, places or people, which by association could arouse recollections of trauma; inability to recall aspects of the trauma; diminished interest in previously significant people or activities; feelings of detachment; reduced capacity to feel; depression.
- **Increased arousal** – sleeping difficulties; irritability; poor concentration; hyper-vigilance; low threshold for startle response.

In the worst case, some or all of these reactions and more can go on for years with severe detriment to the quality of life of the victim and others and of course detriment to work performance.

## **Supporting Staff after an Incident**

The Head of an Institution and the Department Administrator will often find themselves in the position of managing the situation following a critical event/

There should be two aims for the manager:

1. Don't make things worse, and
2. Focus on those truly at risk

A manager's felt need to "do something to help", together with growing awareness of possible accusations of not fulfilling a duty of care, can lead to calling meetings that follow a set agenda, or setting up a counselling session for everyone. Such a standard' response is unlikely to be helpful.

It is important not to pathologise normal people reacting normally to an abnormal event. Everyone involved is adjusting and adapting to what has happened, and this process will take time, will affect people different and in different ways, depending on their circumstances and previous history.

## **Psychological First Aid**

Psychological First Aid consists of two distinct elements:

1. *Consultancy to support the critical incident manager and local staff team*

The Staff Counsellors can act as consultants to the incident manager, offering support and consultation. Being in this leading role is very demanding both physically and emotionally.

You can telephone or email to discuss any problems or concerns.

2. *Offering low profile support and counselling for those affected, mostly on an individual basis*

Over the following weeks and months some people may of course seek formal counselling. But the majority of the support needed will come from the manager and staff members supporting each other and by encouraging the exceptionally distressed to seek further help. In other words, professional and peer support is visible and available as a reassuring background, but it is not imposed on anyone.

The immediate aims are to console and offer comfort, to offer practical help, to recognise the abnormality of the experience of trauma, to recognise the normality of post-trauma reaction, not to medicalise or pathologise the reaction, not to overwhelm with information, and to provide informal support that seamlessly merges into professional support.

In summary, counsellors can provide a low-key one-to-one counselling service after an incident for those who request it. In the early stages of a disaster, it is likely that the most important activity for a counsellor will be to offer reassurance that reactions are within the normal range and to provide people with an understanding of the link between the impact and their responses so they do not think “I am going mad”, etc. Some people involved may have pre-existing vulnerabilities – states of anxiety, depression, trauma from a previous disaster, etc. – and the Staff Counselling Service staff can offer to support this group. Even if the offer of counselling is refused, some will note the contact and use it later.

## Section Two: Guidance for managers – key points

- 1. Be aware of what are natural responses to trauma** and reassure staff that what they are experiences is natural.
- 2. Be alert to staff who might be especially vulnerable**, perhaps because of past experience or particularly close involvement with the incident or those involved in it. Talk to employees individually, and check if extra support is needed.
- 3. Be present and around.** People need to spend time talking to each other as they work, and it helps for the manager to join in casually and encourage this by example. This applies not only to those directly involved in the traumatic incident, but also those who witnessed it, had friends or colleagues involved, etc. In a university community this may well include many staff. Sharing experiences in this everyday way is helpful.
- 4. Communicate about what is happening** in a face-to-face meeting. Informing staff of what has happened, and of unfolding events, needs to be done sensitively and quickly. Managers may wish to convene a 'first thing every morning' meeting for staff in the aftermath of a big disaster. It is best to keep such meetings brief, factual and information sharing, practical rather than emotion focused. It may be appropriate for a counsellor to sit in if this is requested. The counsellor's job is to contain emotion and support rather than undermine the authority of the manager as leader of the group, and be available for individuals after the meeting if needed. Repeat or update information by email, but this should not be a substitute for personal communication.

- 5. Do not necessarily send people involved in an incident home.** As far as possible, immediate psychological first aid is best provided by being with and sharing experiences with work colleagues and friends, rather than removed to talk to a stranger, [however well qualified as doctor, counsellor, etc.]. Wherever possible, re-establish normal working routines as soon as possible, albeit gently and flexibly, and enable people to talk about what has happened as they work, thereby avoiding any onset of denial.
- 6. Do not normally encourage staff to “go home for a few days to get over it”.** It is far better (i.e. less likely PTSD symptoms will follow) if they get on with routine and are with “the team”. Even if they get professional counselling, this should be facilitated within working hours, leaving the team and returning to it. All the evidence is that keeping people at the “coal face” to encourage and reinforce a normal identity is far better than encouraging “victim” or “ill” identities by putting someone on sick leave. This will often require tolerance and support for a period when staff are not as productive as normal. Part-time working is better than not working at all.
- 7. Keep in touch.** In the weeks that follow an incident, GPs may sign people off work on sick leave “to get over it”; occasionally it may be important to do so. However, line managers should keep in touch by telephone, visiting and/or getting colleagues to visit. Encourage a rapid return to work, even part-time, etc. as being back at work among colleagues is normally the best possible therapy for preventing long-term complications.

- 8. Be aware of cultural differences.** Significant numbers of staff at the University are not British. The Staff Counselling Service are very used to dealing with people of all cultures. There are, however, special situations which tend to bring to the surface fundamental cultural issues. Different cultural and religious attitudes to death, disaster and trauma are one of the areas where this is to be expected.

We need therefore to recognise the importance of respecting a range of responses to disaster, and encouraging that respect, especially amongst home students; recognise that special back-up facilities may be needed for international students, especially the provision of greater than normal access to telephone lines to speak with families back home; and counselling and advice from a native speaker of their own tongue and cultural background if this is possible.

- 9. Give Time.** Many people take up to three weeks to settle down after major trauma. Counselling in the form of reassurance, explanation, and general normalisations of the response may be appropriate during this period but most people need nothing more.

- 10. Accept that for a period normal working will be disrupted.** For some staff, workloads may need to be temporarily re-assessed, or less complex tasks assigned. However, after a recovery period, it is appropriate to gently re-instate the boundaries of normal working.



## Help for Managers

Managers are equally affected by traumatic incidents at work and while you will be thinking about your employees do not forget to look after yourself. All that is in this leaflet will also apply to you and you can also look to your peers and your own line manager for support. For example you may wish to talk through the ways you are supporting your staff but also as a sounding board for any personal difficulty you may be having following an event. If needed, the sources of help are also available for you.

## Sources of Help in the University

### Staff Counselling Service

- Tel: 01223 762160
- Email: [staffcouns@admin.cam.ac.uk](mailto:staffcouns@admin.cam.ac.uk)
- Web: <https://staff.counselling.cam.ac.uk>

Offers individual counselling to all staff with a University contract of employment. Will offer consultancy, support and advice to departments on how to respond following a critical incident, and can support individuals or groups. Apply online or contact the Staff Counselling Service.

### Occupational Health Service

- Tel: 01223 336594
- Email: [occhealth@admin.cam.ac.uk](mailto:occhealth@admin.cam.ac.uk)
- Web: [www.oh.admin.cam.ac.uk](http://www.oh.admin.cam.ac.uk)

The Occupational Health Service provides services to prevent ill health at work, assess and advise on fitness to work and to ensure that health issues are effectively managed.

## Human Resources Division

- Tel: 01223 332267
- Web: [www.hr.admin.cam.ac.uk](http://www.hr.admin.cam.ac.uk)

Information and guidance on University policies and procedures for employment and personnel management.

## Health and Safety Office

- Tel: 01223 333301
- Web: [www.safety.admin.cam.ac.uk](http://www.safety.admin.cam.ac.uk)

Independent advice and investigation following an incident.

## Disability Resource Centre

- Tel: 01223 332301
- Email: [disability@admin.cam.ac.uk](mailto:disability@admin.cam.ac.uk)
- Web: [www.disability.admin.cam.ac.uk](http://www.disability.admin.cam.ac.uk)

The Disability Resource Centre is able to provide information, advice and support to all University disabled students and disability equality training for staff.

## University Chaplain

- Tel: 01223 741718
- Email: [chaplain@gsm.cam.ac.uk](mailto:chaplain@gsm.cam.ac.uk)
- Web: [www.gsm.cam.ac.uk/chaplaincy/](http://www.gsm.cam.ac.uk/chaplaincy/)

Staff Counselling Service  
1<sup>st</sup> Floor, 17 Mill Lane  
Cambridge, CB2 1RX  
Tel: 01223 762160

Email: [staffcouns@admin.cam.ac.uk](mailto:staffcouns@admin.cam.ac.uk)

Website: <https://staff.counselling.cam.ac.uk>